

# **Paid Family Leave**

#### **New/Expecting Mothers**

State Disability Insurance (SDI)
Employment Development Department (EDD)





1

Provides up to six weeks
of partially
paid leave in a
12-month period.

2

Can be used to bond with a new child or to care for an ill family member. 3

Leave can be taken intermittently over a 12-month period.

4

You receive approximately 60 to 70 percent of your weekly salary.

5

You most likely pay into this benefit program. It is not a government assistance program.





## **Disability Insurance and Expecting Mothers**

California has two paid leave programs for new and expecting mothers.

**Disability Insurance (DI)** provides partially paid leave for:

- ► Up to four weeks before birth\* and
- Up to eight weeks post birth\* (typically 6 weeks vaginal/8 weeks cesarean).

Recipients receive approximately 60 to 70 percent of their weekly salary while receiving Disability Insurance.



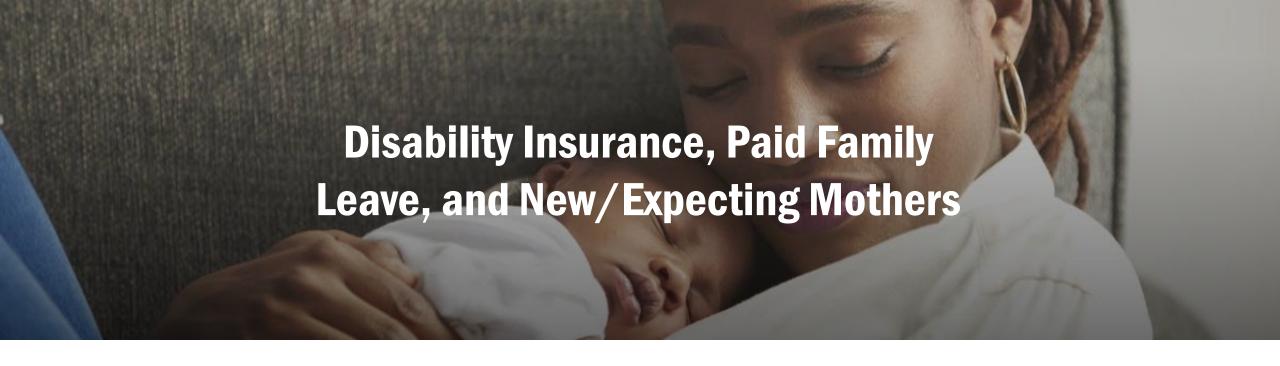
# Paid Family Leave and New/Expecting Mothers

Paid Family Leave (PFL) provides up to six weeks of partially paid leave for both mothers and fathers to bond with a new child within the child's first year.

- ► Can be used to bond with a biological, foster, or adopted child.
- New mothers do not need to provide documentation showing proof of relationship if Disability Insurance benefits were claimed for the pregnancy.

Recipients receive approximately 60 to 70 percent of their salary while on leave.





**New mothers take Disability Insurance leave followed by Paid Family Leave, for example:** 

Disability Insurance
4 Weeks

Birth

**Disability Insurance** 

6 - 8 Weeks

Paid Family Leave

6 Weeks\*



### Filing a Paid Family Leave Claim

Each program requires its own claim to be filed\*

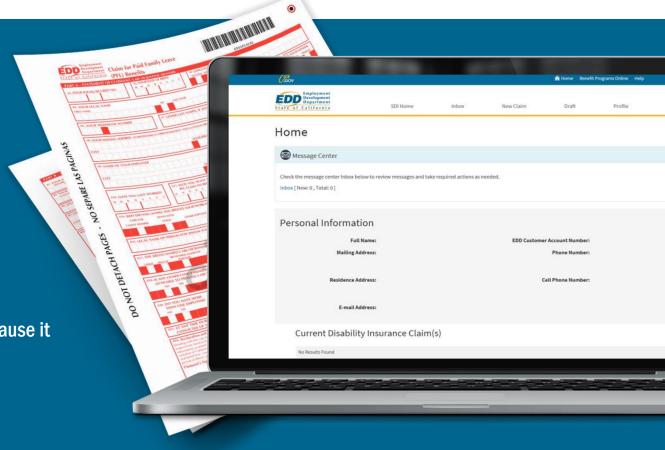
You must complete and submit your claim within 41 days from the date your family leave begins by:



Mail or



**Online:** Filing through SDI online is strongly recommended because it expedites the review process.





PAID FAMILY LEAVE PO BOX 997017 SACRAMENTO CA 95899-7017





RETURN TO ---->

յուսուի վերկարին այրել ագրութերի ինկաներ հենի ին EDD-PAID FAMILY LEAVE PO BOX 997017 SACRAMENTO CA 95899-7017

> Our records indicate you are a new mother receiving State Disability Insurance (SDI) Benefits for a pregnancy-related disability. After your baby is born and you have recovered from your disability, you may be eligible for up to six weeks of Paid Family Leave (PFL) benefits if you remain off work to bond with your baby. NOTE: If you wish to claim PFL benefits to care for a seriously ill family member, please call 1-877-BE THERE (1-877-238-4373).

	CLAIM FOR PAID FAMILY LEAVE (PFL) BENEFITS – NEW MOTHER  If you wish to claim PFL benefits, please complete the requested items below and return this form to the PFL office within 41 days from date you want your PFL claim to begin. If you had a multiple birth, provide information for one only.
	SOCIAL SECURITY NUMBER SDI CLAIM EFFECTIVE DATE FRANC DATE OF SDI BENEFITS
1.	Has your address or relephone number changed since you received this form? (if "Yes," correct below.)
2.	Have you completely recovered from your pregnancy-related disability as of the "FINAL DATE OF SDI BENEFITS" shown above?
3.	Do you want your PFL claim to begin on the day after the "FINAL DATE OF SCHENNETTS" shown above? \tag{Yes} \tag{No} If "No," enter below the date you want your PFL claim to begin (M M   D   YYYY). If you need more information regarding when to begin your PFL claim, call 1-877-BE THERE.
4.	You can claim up to six weeks of PFL benefits in a 365-day period. Do you want to claim the full six weeks now?
5.	Will your employer require you to take paid vacation before beginning family leave?
6.	Will your employer continue to pay you wages during your family leave?
7.	Do you have more than one employer?
8.	Your baby's name: (HIST] MIDGLE NUTUAL (LAST)
9.	Your baby's date of birth ( MM   DD   YYYY)   10. Your baby's gender   Female   Male
11.	Have you claimed – or do you plan to claim – workers' compensation benefits for any portion of the period covered by this PFL claim?
this emp this law to th und	sharation and Signature. By my signature on this claim statement, I (1) claim Paid Family Leave benefits and certify that throughout the period covered by claim I vasaville be bonding with my new infair; (2) authorize my enployeds to disclose to State Disability Insurance all facts concerning my obsyment that are within their knowledge; and (3) authorize release and use of information as stated in the "Information Collection and Access" portion of form. I understand that willfully making a false statement or concenting a material fact in order to obtain payment of benefits is a violation of California punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement is a violation of California punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements, is the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be a valid as the original, and I lentand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of claim, whichever is later.  YOUR SIGNATURE  DATE SIGNED  M. M. D. D. Y. Y. Y. Y.

### **Paid Family Leave and New/Expecting Mothers**



**New mothers** transitioning from a DI-related pregnancy claim to bonding will automatically receive a Claim for Paid Family Leave (PFL) Benefits - New Mother, DE 2501FP after the final DI payment.

You will receive the same weekly benefit amount during your PFL bonding claim as the DI-related pregnancy claim.

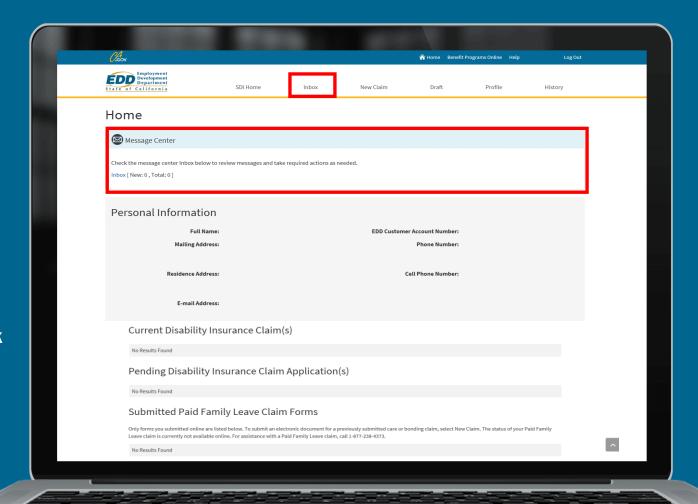


# SDI Online and New/Expecting Mothers



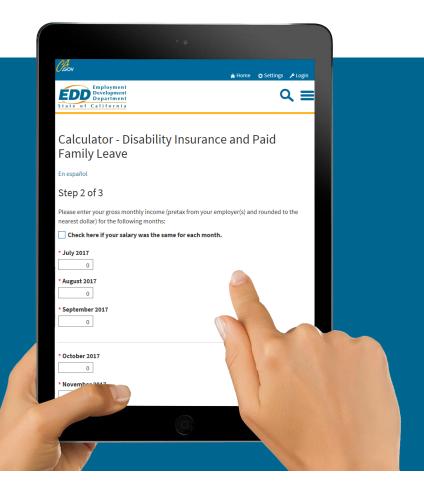
the EDD will notify you by email when it is time to complete your bonding form. Select the **DE 2501FP** link in your account Message Center Inbox to file electronically.

Create or access your account by visiting: edd.ca.gov/SDI\_Online





### **Calculating the Benefit Amount**



Your weekly benefit amount is determined by your highest quarter of earnings in your "base period" (wages subject to SDI tax earned 5-18 months prior to your claim start date).

The "base period" covers a 12-month period and is broken into four consecutive quarters. For example, if your PFL claim begins in April, May, or June, your weekly benefit amount is calculated from your highest quarter of earnings between January 1 and December 31 of the prior year.

To simplify this process, estimate your weekly benefit amount using the EDD calculator at http://www.edd.ca.gov/Disability/PFL\_Calculator.htm.



# **Determining Paid Family Leave Eligibility**

Have you **paid into California's State Disability Insurance** (usually noted as CASDI on a paystub) in the past 5-18 months prior to taking leave?

- ► "YES" You are most likely eligible for benefits.
- "NO" Not all employees pay into State Disability Insurance, thus you are not eligible for these programs.

Review paystubs before assuming eligibility.

Eligibility is not based on length of service or the number of employees your company has on staff.

Immigration status does not factor into eligibility.

No paid leave is guaranteed until the claim has been approved by the EDD.

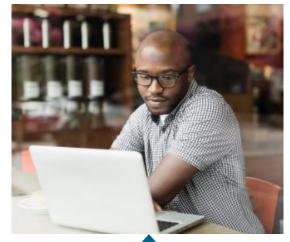
**Only one PFL claim** can be filed within a 12-month period.



#### **Employment Status and Paid Family Leave**



Eligibility is determined by whether a worker has contributed to CASDI in the past 5-18 months.



Unemployed Californians
must have collected Unemployment
Insurance and/or be actively looking
for work to qualify for PFL.

Seasonal employees, part-time workers, and unemployed individuals may still qualify for PFL.



A self-employed individual may be eligible if they are contributing to the Disability Insurance Elective Coverage program.





#### **Job Protections**





#### **Job Protections**

Laws that may apply while receiving Disability Insurance and Paid Family Leave benefit payments:

- ► Family and Medical Leave Act (FMLA)
- ► California Family Rights Act (CFRA)
- ► New Parent Leave Act (NPLA)
- ► Fair Employment and Housing Act (FEHA)
- Pregnancy Disability Leave (PDL)

Workers considering PFL should speak to their employer for more information on unpaid job-protected leave.

Visit dfeh.ca.gov and dol.gov/whd/fmla to learn more.





#### For more information, visit:

- ► www.edd.ca.gov/PaidFamilyLeave
- ► www.CaliforniaPaidFamilyLeave.com

#### **Contact EDD**

► English: 1-877-238-4373

**Spanish:** 1-877-379-3819

**Cantonese:** 1-866-692-5595

► Vietnamese: 1-866-692-5596

► Armenian: 1-866-627-1567

► **Punjabi:** 1-866-627-1568

► Tagalog: 1-866-627-1569

► TTY: 1-800-445-1312

